

# Important Advances in Clinical Medicine

## *Epitomes of Progress -- Obstetrics and Gynecology*

*The Scientific Board of the California Medical Association presents the following inventory of items of progress in Obstetrics and Gynecology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Obstetrics and Gynecology which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.*

*The items of progress listed below were selected by the Advisory Panel to the Section on Obstetrics and Gynecology of the California Medical Association and the summaries were prepared under its direction.*

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### The Treatment of Anovulatory Infertility

Clomiphene may be used in patients with infertility due to anovulation and with no other demonstrable disorders. About 75 percent of such patients will be stimulated, as evidenced by uterine bleeding if not by all the signs of ovulation. However, only half of these will conceive despite repeated courses of the drug. Complications of therapy are few and the abortion and multiple gestation rate are only slightly higher than normal.

When clomiphene is ineffective or in cases of hypopituitarism, human menopausal gonadotropins (HMG) may be used. HMG, with human chorionic gonadotropin should induce ovulation in most patients whose ovaries contain ova, although the conception rate is also much lower than the ovulation rate. The incidence of abortions and the fetal loss from multiple gestations is high. Only about one-half the pregnancies following HMG end successfully. Considering the problems in monitoring the response to HMG, the real dangers of overstimulating the ovaries, and the fetal wastage, therapy should be undertaken in special centers.

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### REFERENCES

Shearman RP: Progress in the investigation and treatment of anovulation. *Amer J Obstet Gynec* 103: 444-463, 1969.